

**Work Order ID 162406**

Tuesday, June 06, 2017 4:57:32 PM

646.2910  
B162406  
REV. N/C2**\*162406\***

Page 1

Item ID: 646.2910

Revision ID:

Item Name: Deflector

Start Date: 6/8/2017 Start Qty: 6.00

Required Date: 6/23/2017 Req'd Qty: 6.00

Reference:

Accept

**\*N900040100\***Setup Start **\*NS1\***Stop **\*NS2\*****\*6\***

Cust Item ID:

**\*6\***

Customer:

Approvals: Process Plan: W Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

Draw Nbr

Revision Nbr

646.2900

N/C2

100

Cut blanks as per folio

0.00

**\*100\***

Bandsaw

Memo

0.02

Jeaspa Bandsaw

42.600" long

DAS  
14  
9-89

17/06/11

110

2.45

**\*110\***

HAAS 1

Memo

1.08

HAAS CNC vertical machine #1

DAS  
14  
9-89

17/06/11

120

QC2- Inspect parts off machine FAI/FAIB

0.00

**\*120\***

QC

Memo

0.06

Quality Control

DAS  
14  
9-89

17/06/11

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   | MRB (QSI042) Approval                                                                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                 |                                   | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |
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|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>                                                                                   | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |

**Work Order ID 162406**

Tuesday, June 06, 2017 4:57:32 PM

**\*162406\***

Page 2

Item ID: 646.2910 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Deflector  
Start Date: 6/8/2017 Start Qty: 6.00 **\*6\*** Cust Item ID:  
Required Date: 6/23/2017 Req'd Qty: 6.00 **\*6\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

|     |                                   |      |  |  |  |  |  |  |                   |
|-----|-----------------------------------|------|--|--|--|--|--|--|-------------------|
| 130 | QC8- Inspect parts - second check | 0.00 |  |  |  |  |  |  | DAS<br>08<br>9-09 |
|-----|-----------------------------------|------|--|--|--|--|--|--|-------------------|

**\*130\***

QC

Memo

Quality Control

|     |                                               |      |  |  |  |  |  |  |                  |
|-----|-----------------------------------------------|------|--|--|--|--|--|--|------------------|
| 140 | Outsource process-Anodize per QSI017 4.1.10.1 | 0.00 |  |  |  |  |  |  | DAS<br>16<br>300 |
|-----|-----------------------------------------------|------|--|--|--|--|--|--|------------------|

**\*140\***

Outsource4

Memo

Issue P/O to ATG : **36731**

1- Black Anodize as per Dwg 646.2900

2- PRIME AS PER DWG, SEE NOTE #2

Certification of Comformity is required

|     |                                            |      |  |  |  |  |  |  |  |
|-----|--------------------------------------------|------|--|--|--|--|--|--|--|
| 150 | Receive & Inspect for Damage & Mat'l Certs | 0.00 |  |  |  |  |  |  |  |
|-----|--------------------------------------------|------|--|--|--|--|--|--|--|

**\*150\***

Packaging

Memo

Packaging

**6XSP17-7-25**



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   | MRB (QSI042) Approval                                                                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                 |                                   | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>                                                                                   | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |

**Work Order ID 162406**

Tuesday, June 06, 2017 4:57:32 PM

**\*162406\***

Page 3

Item ID: 646.2910 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Deflector  
Start Date: 6/8/2017 Start Qty: 6.00 **\*6\*** Cust Item ID:  
Required Date: 6/23/2017 Req'd Qty: 6.00 **\*6\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID                | Operation<br>Description                                                                                                      | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp                   |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------------------------|
| 155<br><b>*155*</b><br>QC<br>Quality Control  | QC5- Inspect part completeness to step on W/O<br><br>Memo<br>3.1 mils thickness primer                                        | 0.00<br><br>0.12     |         |        |              | <u>Ce</u>     |               |                  | DAS<br>38<br>9-89<br>AUG 03 2017 |
| 180<br><b>*180*</b><br>Packaging<br>Packaging | Identify as per dwg & Stock Location <u>CC6050</u><br><br>Memo<br>***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV*** | 0.00<br><br>0.06     |         |        |              | <u>6</u>      |               | AUG 14 2017      | DAS<br>6<br>9-89                 |
| 190<br><b>*190*</b><br>QC<br>Quality Control  | QC21- Final Inspection - Work Order Release<br><br>Memo                                                                       | 0.00<br><br>0.60     |         |        |              |               |               | AUG 16 2017      | DAS<br>21<br>9-89                |

  
AUG 14 2017

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                                         |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |                                  |  |  |  |
|--------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|---------------------------------------------|-----------------------------------|---------------------------------------|------------------------------------------------|------------------------------------|--------------------------------|-----------------------------------------------|----------------------------------------|-----------------------------------|---------------------------------|-----------------------------------------------|-------------------------------|-----------------------------------------|---------------------------------------|-----------------------------------|-------------------------------------------------|------------------------------------------------------------|---------------------------------------------|--------------------------------------------|-----------------------------------|------------------------------------------|--------------------------------|----------------------------------------|------------------------------------------|-------------------------------------|---------------------------------------------|-------------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|----------------------------------|-------------------------------------------|----------------------------------|-------------------------------------|----------------------------------------|-------------------------------------|---------------------------------|------------------------------|----------------------------------------------|---------------------------------------------|----------------------------------------------------------|---------------------------------------|----------------------------------|-------------------------------------|----------------------------------------------|----------------------------------------|--------------------------------------|------------------------------------------------|-------------------------------------------|-------------------------------------------|------------------------------------------------|----------------------------------|--|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                                                                                                                         |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |                                  |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   | MRB (QSI042) Approval<br><br>Completed By<br><br>Lead hand / Supervisor<br>Approval Verification<br><br>QC / QA Coordinator<br>Approval |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |                                  |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                 |                                   |                                                                                                                                         |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |                                  |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                                         |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |                                  |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                                         |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |                                  |  |  |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                                         |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |                                  |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>                                                                                                        | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : <input type="checkbox"/> |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                                         |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |                                  |  |  |  |

# Picklist Print

Monday, June 05, 2017 4:53:47 PM

Page 114

Work Order ID: 162406

**\*162406\***

Parent Item: 646.2910

**\*646 2910\***

Parent Item Name: Deflector

Start Date: 6/8/2017

Required Date: 6/23/2017

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP REV:A NEW ISSUE 13-04-18 JLM VERIFIED BY:DD

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| 646.2900E                       |                        | Manufactured  | No          |                     |                  | 100             | f                  | 100.8710       | 3.6         | 22.73684     |               |                |        |
| <b>*646 2900F*</b>              |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   |              |               |                |        |
| Deflector                       |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |

Location

Loc Qty

Loc Code

MAT034

100.871

141689

100.871

24

DAS  
14  
9-89

17/06/11







|                                                                |                                     |                                   |                       |                 |                                                                                           |  |
|----------------------------------------------------------------|-------------------------------------|-----------------------------------|-----------------------|-----------------|-------------------------------------------------------------------------------------------|--|
| APICAL<br>INDUSTRIES, INC.                                     | ENGINEERING CHANGE NOTICE NO. 03694 |                                   |                       |                 | SHEET 1 OF 1                                                                              |  |
|                                                                | DWG NO. 646.2900                    | REV: N/C                          | PREPARED BY B. PETERS | DATE: 11/14/12  | EFFECT ON DWG<br><input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC. |  |
|                                                                | DWG TITLE: DEFLECTOR                |                                   |                       |                 |                                                                                           |  |
| APPROVED BY: ENGR <i>[Signature]</i>                           |                                     | MFG <i>[Signature]</i>            | QC <i>[Signature]</i> | EFF: NEXT ORDER |                                                                                           |  |
| TRANSACTION CODES (TC):<br>A-ADD C-CREATE<br>R-REVISE D-DELETE |                                     | REASON: ADDED ALTERNATE MATERIAL. |                       |                 | ECR: D-12-002                                                                             |  |

IS

1 PRIMARY MATERIAL: 7075-T6 ALUMINUM PER AMS-QQ-A-225/9.  
ALTERNATE MATERIAL: 7075-T6511 ALUMINUM PER AMS-QQ-A-200/11.

*W/D 162406*

**SHEET 1, ZONE A2 IS:**

| F/N                                                                                                                                                           | TC | PART NUMBER | QTY | DESCRIPTION | MATERIAL                                                                 | SPECIFICATION                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------|-----|-------------|--------------------------------------------------------------------------|---------------------------------------------------------------------|
| DOCUMENTS EFFECTED:                                                                                                                                           |    |             |     |             | CHANGE CATEGORY                                                          | DER REVIEW REQUIRED                                                 |
| <input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> ICA <input type="checkbox"/> BOM |    |             |     |             | <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

**INDUSTRIES, INC.**

## 03207

SHEET 1 OF 1

DWG NO. 646.2900

REV: N/C

PREPARED BY PB

DATE: 08/29/11

EFFECT ON DWG  
☐ INC.    ☒ UNINC.

DWG TITLE: DEFLECTOR

**APPROVED BY:**

**ENGR**

**MFG**

**-QC**

|      |
|------|
| EFF: |
|------|

**CURRENT ORDER**

TRANSACTION CODES (TC):  
A-ADD C-CREATE  
R-REVISE D-DELETE

REASON: ADDED ALTERNATE BASE MATERIAL

**SHEET 1, ZONE A2, NOTE 1 IS:**

NOTES:

1

**MATERIAL: 7075-T6 ALUMINUM PER AMS-QQ-A-225/9 OR AMS-QQ-A-250/12**



FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2,  
COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER;  
PRIME IAW MIL-P-23377J TYPE I CLASS N

### 3. DEBURR AND BREAK ALL SHARP EDGES

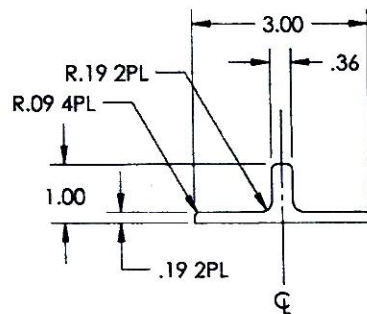
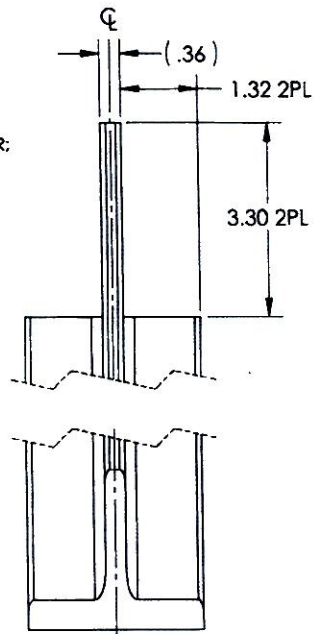
#### 4. IDENTIFY IAW MPP-120

|                                                                                                                                  |    |             |     |                                                                          |  |  |                                                                     |               |
|----------------------------------------------------------------------------------------------------------------------------------|----|-------------|-----|--------------------------------------------------------------------------|--|--|---------------------------------------------------------------------|---------------|
|                                                                                                                                  |    |             |     |                                                                          |  |  |                                                                     |               |
|                                                                                                                                  |    |             |     |                                                                          |  |  |                                                                     |               |
| F/N                                                                                                                              | TC | PART NUMBER | QTY | DESCRIPTION                                                              |  |  | MATERIAL                                                            | SPECIFICATION |
| DOCUMENTS EFFECTED:                                                                                                              |    |             |     | CHANGE CATEGORY                                                          |  |  | DER REVIEW REQUIRED                                                 |               |
| <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUCC <input type="checkbox"/> ICA <input type="checkbox"/> BOM |    |             |     | <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR |  |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |               |

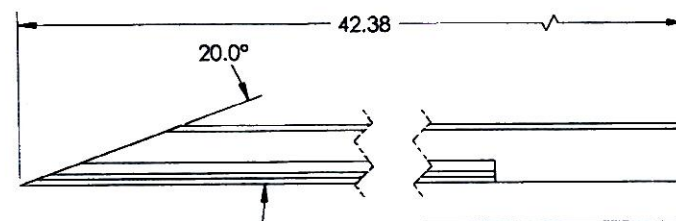
THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES ANY REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED

# NOTES:

- 1 MATERIAL: 7075-T6 ALUMINUM PER AMS-QQ-A-225/9
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2, COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER; PRIME IAW MIL-P-23377J TYPE I CLASS N
3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY IAW MPP-120



646.2910



UNINCORPORATED ECN(S)

03207, D31694,

|                            |                  |               |      |                   |  |
|----------------------------|------------------|---------------|------|-------------------|--|
| 646.2910                   |                  | DEFLECTOR     |      | APICAL INDUSTRIES |  |
| FIND #                     | PART #           | DESCRIPTION   | MATL | SPEC.             |  |
| PARTS LIST                 |                  |               |      |                   |  |
| QTY                        | ORIGINAL DATE    | DATE 05-07-08 |      |                   |  |
| NEXT ASSY (S)              | DESIGNED BY      | DATE 05-07-08 |      |                   |  |
| 646.4000                   | S. HUFF          | P. BRAVO      |      |                   |  |
|                            | DRAWING APPROVAL | DATE 05-07-08 |      |                   |  |
|                            | P. BRAVO         |               |      |                   |  |
|                            | CONTRACT NO.     |               |      |                   |  |
| UNLESS OTHERWISE SPECIFIED |                  |               |      |                   |  |
| DIMENSIONS ARE IN INCHES   |                  |               |      |                   |  |
| TOLERANCES ARE             |                  |               |      |                   |  |
| FRACTIONS DECIMALS         |                  |               |      |                   |  |
| ANGLES                     |                  |               |      |                   |  |
| SCALE NONE                 |                  |               |      |                   |  |
| SHEET 1 OF 1               |                  |               |      |                   |  |





Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

# PURCHASE ORDER

Purchase Order ID PO36731

Purchase Order Date 6/16/2017

PO Print Date 6/28/2017

Page Number 9 of 16

**Order From :**

VC-ATG001

**Ship To :** DART AEROSPACE LTD

A.T.G. INDUSTRIES INC.  
731 INDUSTRIELLE ROAD  
ROCKLAND, ON K4K 1T2  
CANADA

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**Contact Name**

**Vendor Phone**

613-446-4544

**Ship To Contact**

**Ship To Phone**

**Ship Via:**

VENDOR'S TRUCK

**Ship Acct:**

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #**

10127-2607

**Terms**

Net 30

**Currency**

CAD

**FOB**

FCA - (Free Carrier)

20 162406 646.2910 DEFLECTOR 7/21/2017

REV. N/C

Yes

7/21/2017

AS PER MPP-172 SECTION 2.1,  
HARD ANODIZE COLOR BLACK, PER IAW MIL-A-8625 TYPE 3 CLASS 2  
AS PER MPP-172 SECTION 4.2,  
PRIME AS PER IAW MIL-PRF-23377 TYPE 1 CLASS N

6.00

\$48.00

\$288.00

Sept 7-25

Line Total:

DA  
38  
9-86

\$288.00

21 160089 646.3210 SUPPORT REV. 7/21/2017

N/C

Yes

7/21/2017

AS PER MPP-172 SECTION 2.1,  
HARD ANODIZE COLOR BLACK, PER IAW MIL-A-8625 TYPE 3 CLASS 2  
AS PER MPP-172 SECTION 4.2,  
PRIME AS PER IAW MIL-PRF-23377 TYPE 1 CLASS N

6.00

\$14.35

\$86.10

Line Total:

\$86.10

**PO Instructions:** PRIMER IS SUPPLIED BY DART

**Note:**

6/28/2017



A.T.G. Industries Inc.  
731 Industrielle Street  
Rockland, ON K4K 1T2  
Canada

Ph: (613) 446-4544

Fax: (613) 446-4556

### Pack List

Number: 913571

Date: 21-Jul-17

#### To

Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

#### Ship To

Chantal Lavoie  
Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

Ph: 613 632-9577

Fax: 613 632-1053

Ph: 613 632-9577

Fax: 613 632-1053

| Terms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             | Ship Via    |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------|----------|
| Quantity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             | Description |          |
| Please reference this document's Pack List number on all correspondences regarding this shipment. If you have any questions, please contact us.                                                                                                                                                                                                                                                                                                                                                                                                  |                             |             |          |
| 6<br>ea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Part: 646.2910<br>Deflector | Rev: N/C    |          |
| Hard Black Anodize per MIL-A-8625F, Type III, Class 2, .0005-.0045" (.5 - 4.5mils)<br>Prime per MIL-PRF-23377, Type I, Class N (Customer Supplied), .0006-.0009" (.6 - .9 mils) per drawing.                                                                                                                                                                                                                                                                                                                                                     |                             |             |          |
| Job: 21243                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             | PO: PO36731 | Line: 20 |
| <b>CERTIFICATE OF CONFORMANCE</b><br>A.T.G Industries Inc. certifies that all items in this shipment conform to the requirements.<br>Date: <u>21/07/2017</u><br>Certified Signature: <u>[Signature]</u><br>Receiver Signature: <u>[Signature]</u><br>A.T.G Industries Inc. is AS9100 Registered and Nadcap Chemical Processing Accredited.<br>Note: This Packing Slip may contain parts that have been PLATED. Items that are plated may be subject to natural tarnishing and it is suggested that they be inspected within 24 hours of receipt. |                             |             |          |
| Made in Canada.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |             |          |